



# REFUND REQUEST

Provide all information below and mail to:

Development Services Department

25550 Commercentre Drive

Lake Forest, CA 92630

Fax # (949) 461-3512

Last Name

First Name

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Mailing Address

City/State/Zip

Phone Number

		( )
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## REFUND INFORMATION

Address of Project: \_\_\_\_\_

Amount of Check Given to City: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Project Description (New Construction/Special Use/Etc.) \_\_\_\_\_

\_\_\_\_\_

Project Name: \_\_\_\_\_

Receipt #/Permit #/Project #: \_\_\_\_\_

Reason for Requesting Refund (Details):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above statement is true.

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Signature/Title of Claimant

Date

For Office Use Only:

Building Division Approval: \_\_\_\_\_

Planning Division Approval: \_\_\_\_\_